New Instructor Course June 6, 7 & 8, 2002

REGISTRATION DEADLINE: MAY 10, 2002

Fill in all information and mail to: BEMS, PO Box 142004, SLC Utah 84114-2004, ATTN Riki

Information fields marked with an asterisk (*) are required. 1. Information *\$125.00 (Please include check with registration packet if self paying) *Copy EMT card (must be current) *Copy of current CPR Instructor card (EMT and Paramedic only) *3 Letters of Recommendation □ *Documentation of 15 hours instruction time □ *Documentation of 30 hours of patient care (EMT and Paramedic only) *P.O. Number 2. * Participant Information Name: ____ FIRST LAST MI**EMT EMD** NUMBER EXPIRATION DATE Address: _____ City: _____ State____ Zip ____ 3. Paying Agency: Address: City: _____ State ____ Zip_____ I have read and fully understand all requirements of the application process.

Date

Signature